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Applicant claims small entity status. See 37 CFR 1.27

Effective on 12/08/2004. Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).

TRANSMITTAL

for FY 2005

Complete if Known 10/612,310 Application Number Filing Date July 2, 2003 First Named Inventor Louis Robert Litwin **Examiner Name** Naheed Ejaz 2631 Art Unit

TOTAL AMOUNT OF PAYMENT 2290.00 PU030156 Attorney Docket No. METHOD OF PAYMENT (check all that apply) ☐ None Other (please identify): ☐ Check ☐ Credit card ☐ Money Order **Customer Number 24498** Deposit Account: Deposit Account Number 07-0832 Deposit Account Name: THOMSON LICENSING LLC. For the above-identified deposit account, the Director is hereby authorized to: (check all that apply) □ Charge fee(s) indicated below ☐ Charge fee(s) indicated below, except for the filing fee □ Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17 WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038. **FEE CALCULATION** 1. BASIC FILING, SEARCH, AND EXAMINATION FEES **FILING FEES** SEARCH FEES **EXAMINATION FEES Small Entity Small Entity Small Entity** Application Type Fee (\$) Fee (\$) Fee (\$) Fee (\$) Fee (\$) Fee (\$) Fees Paid (\$) Utility 300 150 500 250 200 100 Design 200 100 100 50 130 65 Plant 100 150 200 300 160 80 150 500 250 600 300 Reissue 300 Provisional 200 100 0 0 0 0 2. EXCESS CLAIM FEES Small Entity **Fee Description** Fee (\$) Fee (\$) Each claim over 20 (including Reissues) 50 25 Each independent claim over 3 (including Reissues) 200 100 Multiple dependent claims 360 180 **Total Claims** Fee Paid (\$) **Extra Claims** Fee (\$) **Multiple Dependent Claims** - 20 or HP = Fee Paid (\$) Fee (\$) HP = highest number of total claims paid for, if greater than 20. Independent Claims **Extra Claims** Fee (\$) Fee Paid (\$) - 3 or HP = HP = highest number of independent claims paid for, if greater than 3. 3. APPLICATION SIZE FEE If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s). **Extra Sheets** Number of each additional 50 or fraction thereof Fee (\$) Fee Paid (\$) **Total Sheets** - 100 = / 50 = (round up to a whole number) x 4. OTHER FEE(S) Fees Paid (\$) Petition to Revive an Unintentionally Abandoned Application 1500.00 790.00 RCF

SUBMITTED BY					
Name (Print/Type)	Vincent E. Duffy	Registration No. (Attorney/Agent)	39,964	Telephone	(818) 260-3727
Signature	40	46/			Date: 8/02/07

This collection of information is required by 37 CFR 1.136. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete, including gathering, preparing, and submitting the completed application from to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete his form and/or suggestions for reducing his burden, should be sent to the Chef Information Officer, U.S. Patient and Trademark Office. U.S. Department of Commerce, P.O. Box 1450, Alexandria, V.A. 22313-1450. DO NOT SEND PRESS OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patients, P.O. Box 1450, Alexandria, V.A. 22313-1450. In form, call 1-100-PTO-9199 and select option 2.

Report to Data Base

Docket No PUCSO 156 Serial No. 10/6/3,3/0 Filed: 7/3/3083

Inventor(s): Lyuis Liwin Cia!

Patent No. Atty: Vincent E. Duffy

Check Items Mailed with Application

Check Type

Enter Date | Enter Number

Inventor(s): Lauss

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							Express Mail Application	sited: 8/2/07	FEES	Filing Fee Exp.	Issue Fee	PETITION TO REMINE	Ext Time§ 1.136(a)	Add.Payment of Fee - /	Fee Trans.Form in duplic.	TOTAL FEE AMT.	" OTHER	Appointment Atty/Agent	Assignment & Record form	Letter to PO	Notif. of Foreign Ref.	Correction Of Record	
				Expres Label No.:	Date Deposited:	Due			1				Charge										
		1.56-013M	on Sheet			88	nittaf	in duplicate	Mailed			12/15	, ,	10/1/8	70/4/8		W.						
	Declaration	Statement under CFR § 1.56-013M	Assignment & Recordation Sheet	Preliminary Amendment	Priority Document -	IDS 1449 with References	Utility Application Transmittal	Fee Transmittal Sheet in duplicate	APPEALS	Notice of Appeals	Appeal Brief	Reply Brief	Pet. To Withdraw.	REQUESTS	Ext Time§1.136(b)	Cert. of Correction	OTHER	Statement NASA	Terminal Disclaimer	Claim Disclaimer	Status Letter	Declaration	Suppl. Declaration
									Due) - - - -			
	Original-US Nat'I	Divisional	Continuation	CPA/RCE	Reissue	Re-Exam	US Provisional		Mailed											五			
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	Independent Claims	Claims in Excess 20	Claim Pages	Specification Pgs	Sheets of Drawings	Abstract Pages			AMENDMENTS	After Rejection	After Final Rejection	After Allowance U/R312	Supplemental	Voluntary	Letter to Exam/Draftsperson w/Drawing Correction(s)	Pg(s). of Formal Dwg(s)	OTHER	Lic. To For. File	Reg. Priority 35USC119	Statement DOE	Statement under §1.56	IDS w/ references	Certificate of Mailing
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Respectfully Submitted,

Vincent E. Duffy Registration No. 39,964 Attorney for Applicants (818) 260-3727

THOMSON Licensing Inc. Patent Operations P.O. Box 53120 Princeton, NJ 08543-5312 Date: August 2, 2007

CERTIFICATE OF MAILING under 37 C.F.R. §1.8

I hereby certify that this amendment is being deposited with the United States Postal Service as First Class Mail, postage prepaid, in an envelope addressed to Mail Stop Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on:

Date: August 2, 2007